

004030" 22522960

10

18

14

Account Number:

Appointment Time:

Patient Last Name:

Patient Frist Name:

Patient Middle Name:

Date of Birth: (MM/DD/YY)

Provider Numder:

16

22

20

12

OK

Cancel

Help

Fig. 1

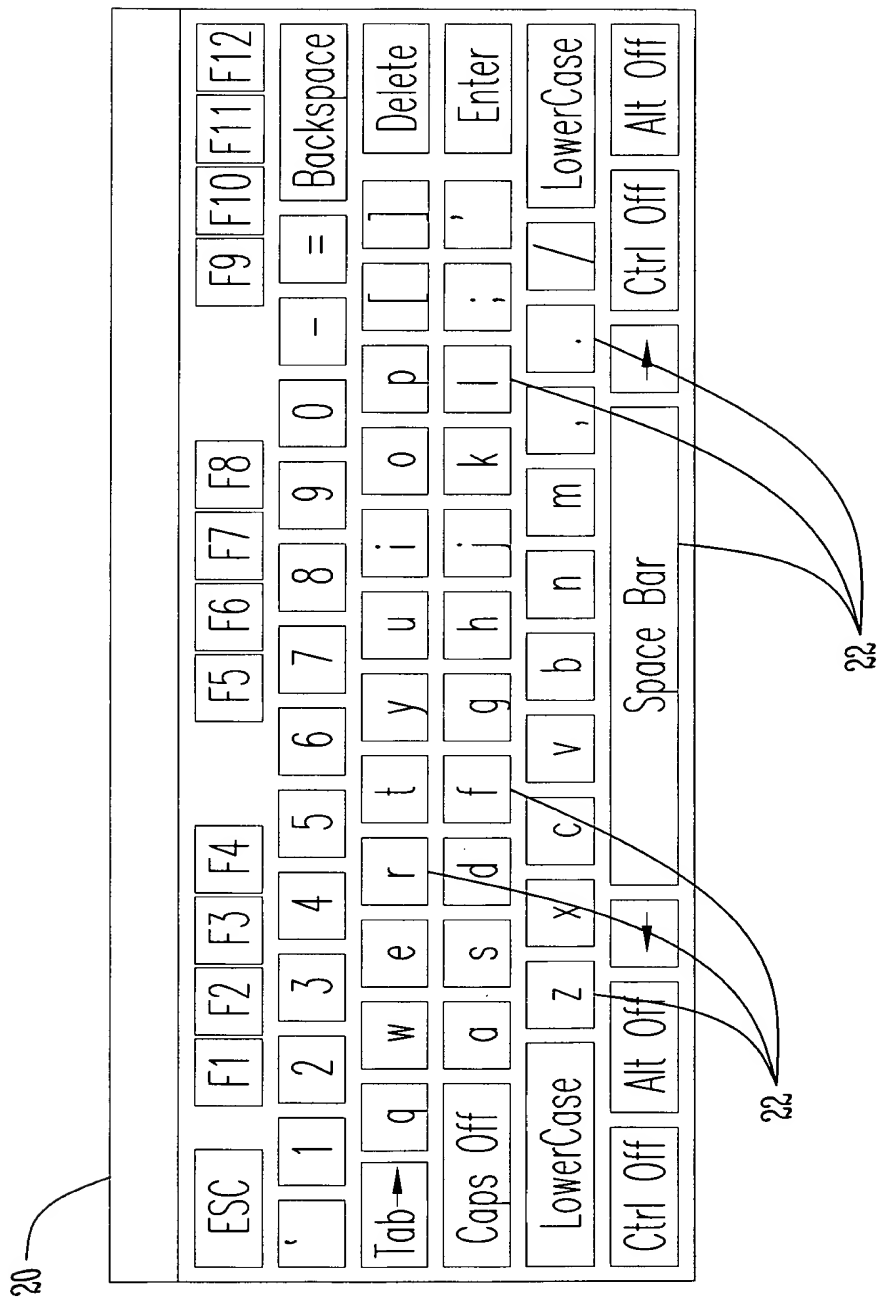
[illegible]

Fig. 2